## Choices for Care Consent to Participate in Flexible Choices

| I,  |
|---|
| As a participant in Flexible Choices, I consent to the following:   |
| I have been approved for a monthly allowance in the amount of \$ to buy services and make other purchases related to my long term care needs. I understand that I will choose services and purchases that will best meet my needs and are cost effective. I understand that I will choose who provides my services and I will be the employer of record for the employees I hire.   |
| I will develop a budget with my consultant. I will decide what I will buy as long as it is within my budget limits and my purchases are consistent with Choices for Care/Flexible Choices policies and regulations. I understand that if I overspend my budget and no longer have funds in my Flexible Choices allowance, I am responsible for the payment of employees and purchases. I understand that I am legally required to pay employer-related taxes for the employees I hire. My Flexible Choices budget must be used to pay for employer-related taxes. |
| I will get help from my consultant in making sure the budget is being used correctly. I understand that if I misuse my Flexible Choices budget, I may no longer be able to participate in the Flexible Choices option.  |
| I understand that I am participating in Flexible Choices as a member of a Pilot Group. This Pilot may last up to one year after my enrollment in the program. This means that rules and procedures of the program may change as the pilot progresses.   |
| I have read and agree to the above.   |
| Signature of Participant or Representative Date   |